

BAR TO REENLISTMENT CERTIFICATE

For use of this form, see AR 601-280; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974**AUTHORITY:** AR 601-280 and Executive Order 9397 (SSN) as amended.**PRINCIPAL PURPOSE:** To document reasons for recommendation of non-continuation of service pending rehabilitative process. This information becomes part of the subject's military personnel records which are used to document personnel management actions. The purpose of soliciting the SSN is for positive identification.**ROUTINE USES:** Information may be referred to appropriate authorities if disciplinary action or discharge is appropriate. The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.**DISCLOSURE:** Voluntary; however, failure to furnish information requested may delay processing the action.**SECTION I - COMMANDER'S RECOMMENDATION**1. THRU (*Soldier being Barred*) 2. TO (*Next higher CDR*) 3. FROM (*Initiating CDR*)

Under the provisions of AR 601-280, I recommend the Soldier named below be barred from reenlistment in the United States Army for reasons indicated below and in attached documents (if applicable). Prior to submission of this recommendation, the Soldier was counseled by the undersigned about his undesirable traits which are the basis for this action and advised of the adverse consequences that may ensue from this or similar action.

4. NAME (<i>Last, First, Middle</i>)	5. RANK	6. SSN:	
7. BAR INITIATION DATE:	8. ETS:	9. DEROS:	10. TAFS ON BAR INITIATION DATE: _____ YEARS _____ MONTHS _____ DAYS

11. MANDATORY REASONS FOR A BAR TO REENLISTMENT (*Supporting documents attached*)

- | | |
|---|--|
| <input type="checkbox"/> a. Un-sat Progress in ABCP | <input type="checkbox"/> e. Actions Caused Loss of PMOS Qualification (fault of the Soldier) |
| <input type="checkbox"/> b. Record APFT Failure (X2) | <input type="checkbox"/> f. Incident Involving Drugs or Alcohol |
| <input type="checkbox"/> c. Removed for cause from NCOES | <input type="checkbox"/> g. Denied Automatic Integration on the Promotion Standing List |
| <input type="checkbox"/> d. UCMJ during Current Term of Service | <input type="checkbox"/> h. Lost Time During Current Term of Service |

Details and description.

12. OTHER REASONS FOR A BAR TO REENLISTMENT (*Supporting documents attached*)

Details and description.

13. NAME, RANK AND BRANCH OF COMMANDER 14. SIGNATURE 15. DATE

16. ENCLOSURES

SECTION II - SOLDIER'S REVIEW

17. I understand that by placing my initials on the line by the statement below I am confirming the action to be true and complete.

- a. I have been counseled and advised of the basis for this action.
- b. I have been furnished a copy of my Commander's recommendation (Sec 1 to bar me from further reenlistment).
- c. I DO/ DO NOT desire to submit a statement in my own behalf (use a continuation sheet if required.)

18. NAME AND RANK OF SOLDIER

19. SIGNATURE

20. DATE

SECTION III - NEXT HIGHER COMMAND

21. Unit/Organization

22. I have reviewed Sections I and II and all factual and relevant information (enclosures).

- a. Recommend Approval of the Bar to Reenlistment. (*The Bar certificate and enclosures will be forwarded to the next higher commander*)
- b. The Bar Certificate is Disapproved.
- c. The Bar Certificate is Approved.

The unit commander will officially counsel the Soldier in writing on the implications of this action and the Soldier's right to appeal. After counseling, the Bar certificate and enclosures will be forwarded to the servicing Career Counselor (PMOS 79S) for appropriate filing and administrative actions.

23. NAME AND RANK OF COMMANDER

24. SIGNATURE

25. DATE

SECTION IV - COUNSELING BY INITIATING COMMANDER

26. The Bar to Reenlistment initiated against you was approved on _____.

27. I understand a Bar to Reenlistment is a rehabilitative action. I further understand, if I fail to make progress I may be subject to involuntary separation.

28. You have the right to appeal the imposition of the Bar to Reenlistment. If you elect to appeal you must submit the appeal within 7 days of this counseling.

29. Initial the appropriate block to indicate your option:

- a. I will appeal the Bar to Reenlistment.
- b. I will not appeal the Bar to Reenlistment.

If appealing the Bar, my appeal is due to my commander no later than close of business on _____.

30. NAME AND RANK OF SOLDIER

31. SIGNATURE

32. DATE

33. NAME AND RANK OF COMMANDER

34. SIGNATURE

35. DATE